AMENDMENTS TO THE SPECIFICATION:

Please replace paragraph [0052] with the following:

Further, oligonucleotides used in the compositions of the present invention may be directed to modify the effects of mRNAs or DNAs involved in the synthesis of proteins that regulate adhesion of white blood cells and to other cell types. The adherence of white blood cells to vascular endothelium appears to be mediated in part if not *in toto* by five cell adhesion molecules ICAM-1, ICAM-2, ELAM-1, VCAM-1 and GMP-140. Dustin and Springer, *J. Cell. Biol.* 1987, *107*, 321. Such antisense oligonucleotides are designed to hybridize either directly to the mRNA or to a selected DNA portion encoding intercellular adhesion molecule-1 (ICAM-1), endothelial leukocyte adhesion molecule-1 (ELAM-1, or E-selectin), and vascular cell adhesion molecule-1 (VCAM-1) as disclosed in U.S. Patents 5,514,788 (Bennett *et al.*, May 7, 1996) and 5,591,623 (Bennett *et al.*, January 7, 1997), and U.S. patent applications Serial Nos. 08/440,740 (filed May 12, 1995) now US Patent 5,843,738 (Bennett *et al.*, Dec 1, 1998) and 09/062,416 (filed April 17, 1998) now US Patent 6,111,094 (Bennett *et al.*, Aug. 29, 2000). These oligonucleotides have been found to modulate the activity of the targeted mRNA or DNA, leading to the modulation of the synthesis and metabolism of specific cell adhesion molecules, and thereby result in palliative and therapeutic effects. Inhibition of ICAM-1, VCAM-1 and ELAM-1 expression is expected to be useful for the treatment of inflammatory diseases, diseases with an inflammatory component, allograft rejection, psoriasis and other skin diseases, inflammatory bowel disease, cancers and their metastases, and viral infection. Methods of modulating cell adhesion comprising contacting the animal with an oligonucleotide composition of the present invention are provided.

Please replace paragraph [0314] with the following:

Written informed consent was obtained from all subjects who participated in the study. Male and female patients were eligible for inclusion in the study if they were at least 18 years of age and had chronic, unremitting pouchitis (greater than 4 weeks in duration), had failed alternative therapies, were diagnosed by clinical course and confirmed by endoscopic and

histologic criteria, and had a Pouchitis Disease Activity Index (PDAI) score ≥7 (Table 22). Patients underwent two weeks of washout of any alternative therapies prior to enrollment in the study. Patients self-administered 240 mg (60 ml) ISIS 2302 in a hydroxypropylmethylcellulose enema formulation daily for 6 weeks. Patients were instructed to administer the enema at bedtime and to retain the enema for as long as possible, ideally until the following morning. Clinical evaluation and endoscopy were performed at Baseline and at Weeks 3, 6 and 10. Pouch mucosal biopsies for histopathology were performed at Baseline and at Weeks 6 and 10. The primary efficacy endpoint was reduction in PDAI from Baseline to Week 6. PDAI values at Week 6, as well as at other time points, were compared to Baseline using the Wilcoxon Signed Rank test. Safety was evaluated by analyzing adverse events, vital signs and laboratory parameters.